



**Certified in Family and Consumer Sciences
PDU Reporting Form**

All information must be typed or printed legibly. Check _____ If any of the information below has changed.

AAFCS Contact ID (Membership) # _____ Certification Cycle Expiration Date _____

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Employer/Job Title: _____

This form may be duplicated for additional space.

Activity Dates (all inclusive)	Sponsor & Activity Title (no acronyms)	Number of PDUs
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Note: You are encouraged to take advantage of the convenient new online PDU reporting system which allows greater ease in submission as well as incremental reporting. Login at <http://www.aafcs.org/technology.html> to access the PDU reporting system and the transcript of PDUs submitted during your 3-year certification cycle. Submitting PDUs through this reporting form should be done when all 75 PDUs for the 3-year cycle can be reported.

PDU Total _____

Please sign and date this form. Do not submit documentation unless requested. Save all documentation until 60 days after you complete your 3-year cycle. Please keep a copy of this form in your records, the Office of Certification will no longer store copies of reporting forms.

I attest that the above information is true: (CFCS Signature) _____

Staff Use Only: Verified _____ Entered _____

Mail to: AAFCS Office of Certification – 400 North Columbus Street, Suite 202, Alexandria, VA 22314